



Reprinted
April 3, 2009

ENGROSSED SENATE BILL No. 219

DIGEST OF SB 219 (Updated April 2, 2009 10:40 am - DI 109)

Citations Affected: IC 16-38; IC 20-34.

Synopsis: Immunization registry and immunizations. Includes a physician's designee and a pharmacist's designee as persons who may provide immunization data to the immunization data registry. Adds: (1) a provider's designee; (2) a child placing agency; and (3) a college or university; as persons to whom the state department of health may release information from the immunization data registry. Requires the state department to establish a panel to study expanding access to the registry. Requires the state department of health to adopt rules to require school age children to receive immunizations against: (1) meningitis; (2) varicella; and (3) pertussis. Requires school corporations to provide records of certain vision tests conducted to the state department of health. Requires school corporations to make and maintain records of requested waivers of the requirement to conduct certain vision tests. Requires the state superintendent to make and maintain records of all actions taken by the state superintendent concerning all requested waivers of the requirement to conduct certain vision tests.

Effective: July 1, 2009.

Miller, Gard, Sipes

(HOUSE SPONSORS — BROWN C, BROWN T)

January 7, 2009, read first time and referred to Committee on Health and Provider Services.

January 22, 2009, amended, reported favorably — Do Pass.

January 26, 2009, read second time, ordered engrossed. Engrossed.

February 2, 2009, read third time, passed. Yeas 48, nays 0.

HOUSE ACTION

February 25, 2009, read first time and referred to Committee on Public Health.

March 30, 2009, amended, reported — Do Pass.

April 2, 2009, read second time, amended, ordered engrossed.

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First Regular Session 116th General Assembly (2009)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2008 Regular Session of the General Assembly.

ENGROSSED SENATE BILL No. 219

A BILL FOR AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

- 1 SECTION 1. IC 16-38-5-2 IS AMENDED TO READ AS
2 FOLLOWS [EFFECTIVE JULY 1, 2009]: Sec. 2. (a) A provider, a
3 **physician's designee, or a pharmacist's designee** may provide
4 immunization data to the immunization data registry in a manner
5 prescribed by the state department and for the purposes allowed under
6 this chapter unless:
7 (1) the patient; or
8 (2) the patient's parent or guardian, if the patient is less than
9 eighteen (18) years of age;
10 has completed and filed with the provider, **physician's designee, or**
11 **pharmacist's designee** a written immunization data exemption form.
12 (b) The state department shall create and provide copies of
13 immunization data exemption forms to:
14 (1) providers who are:
15 (A) licensed under IC 25; and
16 (B) authorized within the provider's scope of practice to
17 administer immunizations; and

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(2) individuals;
who request the form.

(c) The state department shall distribute to providers, upon request, written information to be disseminated to patients that describes the immunization data registry. The written information must include the following:

(1) That the provider may report immunization data to the immunization data registry.

(2) That the patient or the patient's parent or guardian, if the patient is less than eighteen (18) years of age, has a right to exempt disclosure of immunization data to the registry and may prevent disclosure by signing an immunization data exemption form.

(3) That the patient or the patient's parent or guardian, if the patient is less than eighteen (18) years of age, may have the individual's information removed from the immunization data registry.

(4) Instructions on how to have the information removed.

SECTION 2. IC 16-38-5-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2009]: Sec. 3. (a) Records maintained as part of the immunization data registry are confidential.

(b) The state department may release an individual's confidential information to the individual or to the individual's parent or guardian if the individual is less than eighteen (18) years of age.

(c) Subject to subsection (d), the state department may release information in the immunization data registry concerning an individual to the following entities:

(1) The immunization data registry of another state.

(2) A provider **or a provider's designee.**

(3) A local health department.

(4) An elementary or secondary school that is attended by the individual.

(5) A child care center that is licensed under IC 12-17.2-4 in which the individual is enrolled.

(6) The office of Medicaid policy and planning or a contractor of the office of Medicaid policy and planning.

(7) A child placing agency licensed under IC 31-27.

(8) A college or university (as defined in IC 21-7-13-10) that is attended by the individual.

(d) Before immunization data may be released to an entity, the entity must enter into an agreement with the state department that provides that information that identifies a patient will not be released to any

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other person without the written consent of the patient.

(e) The state department may release summary statistics regarding information in the immunization data registry if the summary statistics do not reveal the identity of an individual.

(f) The state department shall convene a panel to discuss expanding access to the immunization data registry. The panel must include at least one (1) representative of an insurance organization and at least one (1) member of a health maintenance organization. The state department shall submit the recommendations of the panel to the legislative council by October 1, 2009, in an electronic format under IC 5-14-6.

SECTION 3. IC 20-34-3-12, AS ADDED BY P.L.1-2005, SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2009]: Sec. 12. (a) For purposes of this section, "modified clinical technique" means a battery of vision tests that includes:

- (1) a visual acuity test to determine an individual's ability to see at various distances;
- (2) a refractive error test to determine the focusing power of the eye;
- (3) an ocular health test to determine any external or internal abnormalities of the eye; and
- (4) a binocular coordination test to determine if the eyes are working together properly.

(b) The governing body of each school corporation shall conduct:

- (1) an annual vision test, using the modified clinical technique, of each student upon the student's enrollment in either kindergarten or grade 1; and
- (2) an annual screening test of the visual acuity of each student enrolled in or transferred to grade 3 and grade 8 and of all other students suspected of having a visual defect.

(c) Records of all tests shall be made and continuously maintained by the school corporation to provide information useful in protecting, promoting, and maintaining the health of students. The state department of health and the state board shall adopt joint rules concerning vision testing equipment, qualifications of vision testing personnel, visual screening procedures, and criteria for failure and referral in the screening tests based on accepted medical practice and standards.

(d) Records of all tests conducted under this section shall be provided by the school corporation to the state department of health.

SECTION 4. IC 20-34-3-13, AS ADDED BY P.L.1-2005,

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SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2009]: Sec. 13. (a) If a school corporation is unable to comply with section 12(b)(1) of this chapter, the governing body may, before November 1 of a school year, request from the state superintendent a waiver of the requirements of section 12(b)(1) of this chapter.

(b) The waiver request under subsection (a) must:

- (1) be in writing;
- (2) include the reason or reasons that necessitated the waiver request; and
- (3) indicate the extent to which the governing body attempted to comply with the requirements under section 12(b)(1) of this chapter.

(c) The state superintendent shall take action on the waiver request not later than thirty (30) days after receiving the waiver request.

(d) The state superintendent may:

- (1) approve the waiver request;
- (2) deny the waiver request; or
- (3) provide whatever relief that may be available to enable the school corporation to comply with the requirements under section 12(b)(1) of this chapter.

(e) If the state superintendent approves the waiver request, the governing body shall conduct an annual screening test of the visual acuity of each student upon the student's enrollment in or transfer to grade 1.

(f) The governing body of each school corporation shall make and maintain records of all waivers requested under this section.

(g) Records of all actions taken by the state superintendent concerning all waivers requested under this section shall be made and continuously maintained by the state superintendent.

SECTION 5. IC 20-34-4-2, AS ADDED BY P.L.1-2005, SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2009]: Sec. 2. (a) Every child residing in Indiana shall be immunized against:

- (1) diphtheria;
- (2) pertussis (whooping cough);
- (3) tetanus;
- (4) measles;
- (5) rubella;
- (6) poliomyelitis; and
- (7) mumps.

(b) Every child residing in Indiana who enters kindergarten or grade 1 shall be immunized against hepatitis B and chicken pox.

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1 (c) The state department of health shall adopt rules under
 2 IC 4-22-2 to require school age children to receive additional
 3 immunizations against the following:

4 (1) Meningitis.

5 (2) Varicella.

6 (3) Pertussis (whooping cough).

7 **The additional immunizations include an immunization booster if**
 8 **considered appropriate by the state department.**

9 ~~(c)~~ (d) The state department of health may expand or otherwise
 10 modify the list of communicable diseases that require documentation
 11 of immunity as medical information becomes available that would
 12 warrant the expansion or modification in the interest of public health.

13 ~~(d)~~ (e) The state department of health shall adopt rules under
 14 IC 4-22-2 specifying the:

15 (1) required immunizations;

16 (2) child's age for administering each vaccine;

17 (3) adequately immunizing doses; and

18 (4) method of documentation of proof of immunity.

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COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 219, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

Page 2, between lines 37 and 38, begin a new line block indented and insert:

"(8) Beginning January 1, 2010, an insurer (as defined in IC 27-1-2-3) that issues or delivers a policy of accident and sickness insurance (as defined in IC 27-8-5-1) under which the individual is covered.

(9) Beginning January 1, 2010, a health maintenance organization (as defined in IC 27-13-1-19) that provides coverage to the individual."

Page 3, between lines 2 and 3, begin a new paragraph and insert:

"(f) The state department may assess an entity described in subsection (c)(8) or (c)(9) a reasonable fee for the release of information under this section.

(g) An insurer or health maintenance organization that receives information under subsection (c) shall not use the information in connection with any of the following:

(1) Cancellation, refusal to issue, or refusal to renew a policy of accident and sickness insurance or health maintenance organization contract.

(2) A reduction or other adverse or unfavorable change in the terms of coverage or amount of coverage under a policy of accident and sickness insurance or health maintenance organization contract.

(3) An increase in a charge for coverage under a policy of accident and sickness insurance or health maintenance organization contract.

(4) A denial of coverage or reduction in the amount paid for a claim under a policy of accident and sickness insurance or health maintenance organization contract."

Page 3, line 16, delete "Every child residing in Indiana shall receive a pertussis" and insert **"The state department of health shall adopt rules under IC 4-22-2 to require school age children to receive additional immunizations against the following:**

(1) Meningitis.

(2) Varicella.

(3) Pertussis (whooping cough).

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The additional immunizations include an immunization booster if considered appropriate by the state department."

Page 3, delete lines 17 through 18.

and when so amended that said bill do pass.

(Reference is to SB 219 as introduced.)

MILLER, Chairperson

Committee Vote: Yeas 7, Nays 0.

COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred Senate Bill 219, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 2, delete lines 38 through 42.

Page 3, delete lines 1 through 2, begin a new line block indented and insert:

"(8) A college or university (as defined in IC 21-7-13-10) that is attended by the individual."

Page 3, delete lines 10 through 28, begin a new paragraph and insert:

"(f) The state department shall convene a panel to discuss expanding access to the immunization data registry. The panel must include at least one (1) representative of an insurance organization and at least one (1) member of a health maintenance organization. The state department shall submit the recommendations of the panel to the legislative council by October 1, 2009, in an electronic format under IC 5-14-6."

and when so amended that said bill do pass.

(Reference is to SB 219 as printed January 23, 2009.)

BROWN C, Chair

Committee Vote: yeas 10, nays 2.

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HOUSE MOTION

Mr. Speaker: I move that Engrossed Senate Bill 219 be amended to read as follows:

Page 3, between lines 11 and 12, begin a new paragraph and insert:

"SECTION 3. IC 20-34-3-12, AS ADDED BY P.L.1-2005, SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2009]: Sec. 12. (a) For purposes of this section, "modified clinical technique" means a battery of vision tests that includes:

- (1) a visual acuity test to determine an individual's ability to see at various distances;
- (2) a refractive error test to determine the focusing power of the eye;
- (3) an ocular health test to determine any external or internal abnormalities of the eye; and
- (4) a binocular coordination test to determine if the eyes are working together properly.

(b) The governing body of each school corporation shall conduct:

- (1) an annual vision test, using the modified clinical technique, of each student upon the student's enrollment in either kindergarten or grade 1; and
- (2) an annual screening test of the visual acuity of each student enrolled in or transferred to grade 3 and grade 8 and of all other students suspected of having a visual defect.

(c) Records of all tests shall be made and continuously maintained by the school corporation to provide information useful in protecting, promoting, and maintaining the health of students. The state department of health and the state board shall adopt joint rules concerning vision testing equipment, qualifications of vision testing personnel, visual screening procedures, and criteria for failure and referral in the screening tests based on accepted medical practice and standards.

(d) Records of all tests conducted under this section shall be provided by the school corporation to the state department of health.

SECTION 4. IC 20-34-3-13, AS ADDED BY P.L.1-2005, SECTION 18, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2009]: Sec. 13. (a) If a school corporation is unable to comply with section 12(b)(1) of this chapter, the governing body may, before November 1 of a school year, request from the state superintendent a waiver of the requirements of section 12(b)(1) of this chapter.

(b) The waiver request under subsection (a) must:

- (1) be in writing;

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(2) include the reason or reasons that necessitated the waiver request; and

(3) indicate the extent to which the governing body attempted to comply with the requirements under section 12(b)(1) of this chapter.

(c) The state superintendent shall take action on the waiver request not later than thirty (30) days after receiving the waiver request.

(d) The state superintendent may:

(1) approve the waiver request;

(2) deny the waiver request; or

(3) provide whatever relief that may be available to enable the school corporation to comply with the requirements under section 12(b)(1) of this chapter.

(e) If the state superintendent approves the waiver request, the governing body shall conduct an annual screening test of the visual acuity of each student upon the student's enrollment in or transfer to grade 1.

(f) The governing body of each school corporation shall make and maintain records of all waivers requested under this section.

(g) Records of all actions taken by the state superintendent concerning all waivers requested under this section shall be made and continuously maintained by the state superintendent."

Renumber all SECTIONS consecutively.

(Reference is to ESB 219 as printed March 31, 2009.)

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